| U.S. Patent and Tradomark Of Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unterpretation PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                |                                             |                                        |                    |                        |             | for use through 7/31/2006. OMB 0551-0i<br>office; U.S. DEPARTMENT OF COMMER<br>liess it displays a valid OMB control numb |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------|---------------------------------------------|----------------------------------------|--------------------|------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------|------------------------|--|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIM                                                             |                | -ED - PART I                                |                                        |                    |                        |             | 0TH                                                                                                                       | ER THAN                |  |
| (Colu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                | olumn 1) (Column 2                          |                                        | SMA                | SMALL ENTITY           |             | OR SMALL                                                                                                                  |                        |  |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | IUMBER FILED . |                                             | IUMBER EXTRA                           | RATE               | FEE                    |             | RATE                                                                                                                      | FEE                    |  |
| (37 CFR 1.16(a)) TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                | <del> </del>                                |                                        | _                  | s                      | OR          |                                                                                                                           | \$                     |  |
| (37 CFR 1.16(c)) INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   | mlnus 20 =     |                                             |                                        | x s                | <u>.</u> = ,           | OR          | X S=                                                                                                                      |                        |  |
| (37 CFR 1.16(b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ))                                                                | minus 3 =      |                                             |                                        | x s                | =                      | OR          | X 5 =                                                                                                                     |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                |                                             |                                        | + 5                | Ξ                      | OR          | + 5 =                                                                                                                     |                        |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                |                                             |                                        | TOTAL              |                        | 7           | L                                                                                                                         |                        |  |
| as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIMS AS                                                         |                |                                             | 2.                                     |                    | L                      | OR          | TOTAL                                                                                                                     | L                      |  |
| 6-14-05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Column 1)                                                        | (Colum         |                                             | <u> </u>                               | SMAL               | L ENTITY               | OR          |                                                                                                                           | R THAN<br>.ENTITY      |  |
| Total (37 CFR 1.16(c)  Independent (37 CFR 1. | REMAINING<br>AFTER<br>AMENDMEN                                    |                | HIGHEST<br>NUMBER<br>PREVIOUSU<br>PAID FOR  | PRESENT<br>Y EXTRA                     | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                                                                                                                      | ADDI-<br>TЮNAL<br>FEE  |  |
| (37 CFR 1.16(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | » 15                                                              | Minus          | 14+                                         | c                                      | x s=               |                        | OR          | x \$ =                                                                                                                    | 1.22                   |  |
| (37 CFR 1.16(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13                                                                | Minus          | 4                                           | E                                      | X \$=              |                        | OR          | X \$ =                                                                                                                    |                        |  |
| FIRST PRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ENTATION OF MULTIF                                                | PLE DEPEN      | DENT CLAIM (37                              | CFR 1.16(d))                           | +\$ =              |                        | OR          | + \$ =                                                                                                                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                |                                             |                                        | TOTAL<br>ADD'L FEE | 1                      | OR          | TOTAL<br>ADD'L FEE                                                                                                        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                                        |                | (Column 2)                                  | (Column 3)                             |                    | <u> </u>               | 1 0,,,      | ADDE FEE                                                                                                                  |                        |  |
| Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT                                | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                                                                                                                      | ADDI-<br>TIONAL        |  |
| Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ].                                                                | Minus          | ••                                          | =                                      | x s =              | 1                      |             | V.A.                                                                                                                      | FEE                    |  |
| Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | Minus          | 44.                                         | =                                      | X \$ =             | <del> </del>           | OR          | X \$=                                                                                                                     | <del></del>            |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                |                                             |                                        |                    |                        | OR          | x \$=                                                                                                                     |                        |  |
| TOTAL ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                |                                             |                                        |                    |                        | OR [        | + \$ =                                                                                                                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                                        |                | (Column 2)                                  | (Caluma 2)                             | WO L FEE           |                        | OR          | ADD'L FEE                                                                                                                 |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING                                               |                | HIGHEST                                     | (Column 3)                             |                    |                        | ſ           |                                                                                                                           |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AFTER<br>AMENDMENT                                                |                | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                       | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                                                                                                                      | ADDI-<br>TIONAL<br>FEE |  |
| Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | Minus          | **                                          | E                                      | x \$ =             | ,                      | OR          | x \$=                                                                                                                     | ree                    |  |
| Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | Minus          | •••                                         | =                                      | x \$_ =            |                        |             | x \$                                                                                                                      |                        |  |
| FIRST PRESENTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TION OF MULTIPLE (                                                | DEPENDEN       | T CLAIM (37 CFF                             | R 1.16(d))                             |                    |                        |             |                                                                                                                           | <del></del>            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                |                                             | ······································ | TOTAL<br>ADD'L FEE |                        | -           | + \$=<br>TOTAL<br>ADD'L FEE                                                                                               |                        |  |
| II the enfortio col-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | umn 1 is less than t<br>Imber Previously Pa<br>mher Previously Pa | h =            |                                             |                                        | L                  |                        | <b>~</b> 1. |                                                                                                                           |                        |  |

Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.